

Non-protocol Treatment Plan

Name:

Date:

Medical Record Number:

Diagnosis:

Sites of Disease:

Stage:

Current Clinical Status (short clinical summary, e.g. relapse, etc):

Brief Treatment Plan:

Rationale (or reference):

Chemotherapy or Biologic Agent Regimen (course) with specific drug, dose, route and frequency, duration of treatment, and anticipated toxicity:

Drug/Agent	Dose	Route	Schedule (days)	Maximum Dose

Number of courses: _____

Patient Name: _____

Date: _____

Non-protocol Treatment Plan

Planned Monitoring During Treatment (list evaluations and frequency)

Laboratory:

Diagnostic Imaging:

Other:

Any suggested dose-modifications (include laboratory criteria for starting next treatment course):

Consent signed: Yes ☐